

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 31 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000010371

Name and Mailing Address

0013244 01 AT 0.292 \*\*AUTO TB 1 0615 34981-340516  
SUNRISE OKEECHOBEE PROPERTIES, LLC  
5316 STATELY OAKS ST  
FT PIERCE FL 34981-3405



2. New Mailing Address

City, State, Zip

4. State/Country of Formation  
FL

5. Date Organized or Qualified  
To Do Business in Florida 06/26/2001

Principal Place of Business  
5316 STATELY OAKS ST  
FT PIERCE FL 34981

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number  
65-1115694

Applied For  
Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

KINDRED, THOMAS R.L.  
5316 STATELY OAKS ST  
FT PIERCE FL 34981

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

800024297958  
10/31/03--01010--001 \*\*150.00

City

FL

Zip Code

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

*Thomas R. Kindred*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 10/24/03

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	KINDRED, THOMAS R.L.	5316 STATELY OAKS ST	FORT PIERCE FL 34981

REINSTATEMENT 03  
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12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of  
Managing Member/Manager

*Thomas R. Kindred*  
**SIGNATURE REQUIRED**

Date

10/24/03

Daytime Phone #

772-461-3747

Typed or printed name of signing Managing Member/Manager

Thomas R. L. Kindred

CR2E034 (7/03)